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A PLEASE	3. SEX		4 RACE	S. DATE OF BIRTH	YEAR	6. AGE (IN YE			IF UNDER 2		C DATE	SD.	HTMOM	DAY YEAR	2d HOUR
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S NECESSARY, PLEASE FEUNERAL DIRECTOR. E S FOR YOUR PILES. SY WITHIN 22 HOURS I W. PRESTON STREET,	FO	RTHPLACE (ST REIGN COUNTRY) ansas	ATE OR	76. CITIZEN OF WE		TRY?	8. MARR	ED XX NEV	VER MARRIE	DU	KENT	E CITY C	OR COUN	TY OF DEATH	MD.
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NORE, MD.) II. FA	FATHER'S NAME Ezra Bontrager LAST LAST 15. MOTHER'S MAIDEN NAME FRST Sovilla Yoder								LAST					
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

为	FOR STATE REGISTRAR			DEPA		EALTH AND ME		0 ,	REG. NO.	Þ	60 0						
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C	ity or town of the control of the co	n Th	(FNOTINSUC	&Oueen	Anne's	ROTHER INSTITU	- 3	12a USUAL OCC	CUPATION R MOST OF WORKE	NG LIFE) 126	KIND O DUSTRY OTAT	FBUSINESS tor	SOR				
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TIFICA	146 DATE OF OPER	RATION	IVE CONDI	HON FOR WE	TICH OPERATION	N WAS PERFORM	VED					OF DEATH	2				
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	abave, (1) (we	(I) (this haspital) ased alive on) (did) told nat) v		1	9, and	d that in (my) (or	19 ur) opinian d	, to	n the date and		fram the						
	226 SIGNATUR	3	DIA ITS		M		ENDING YSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	2	2. DATE	13	187				
	Michae	Веу		Side			n Ne	dical (Ctr.,	Mill	ing	ton,					
23a	BURIAL, CREMATIO	N, REMOVAL	236 DATE 2/16/	87	Sudlers	EMETERY OR CRE	MATORY	23d LOCATIO	ersvil	Je	A.	STAT	TE				

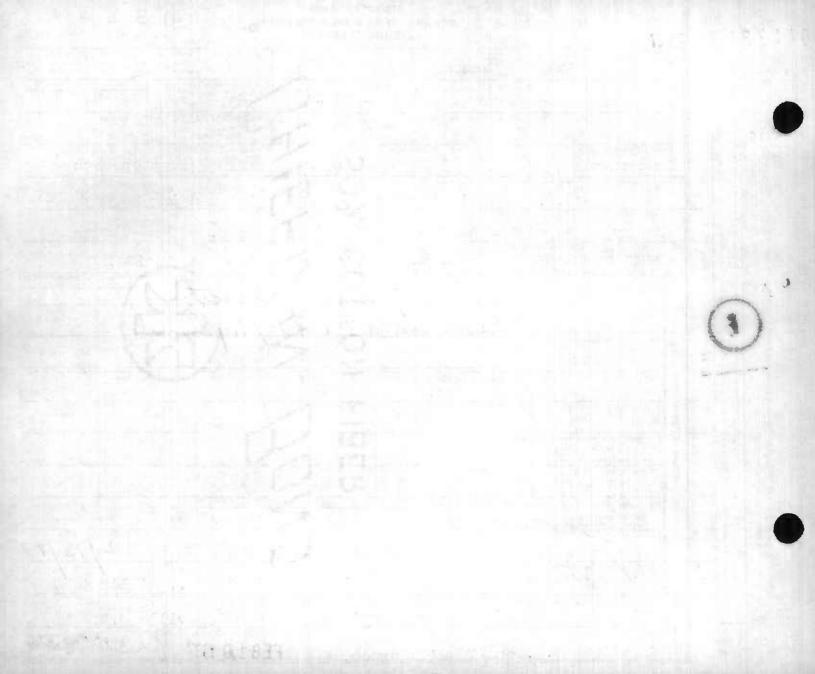
DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

BP.

ADDRESS

250 DATE REC D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE



DHMH - 16 60M 7/84 (VRA 15, 4)

FOR - STATE

BOX 270 MILLINGTON

22d PHYSICIAN'S NAME LITTE OF PRINTS

en

22e ADDRESS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DIRECTOR PHYSICIAN

Feb 20/1987

22c. DATE SIGNED

26. HOUR

126. KIND OF BUSINESS OR

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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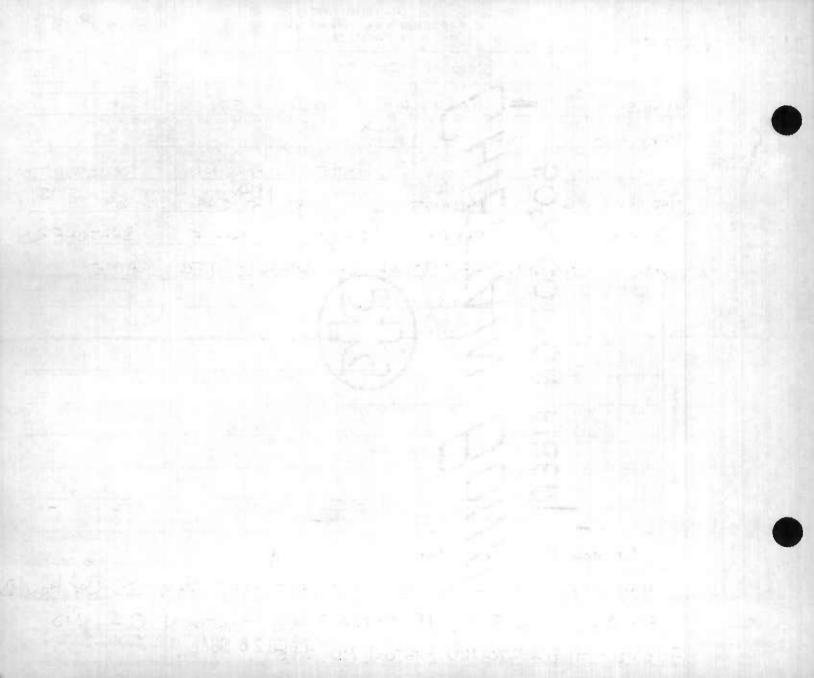
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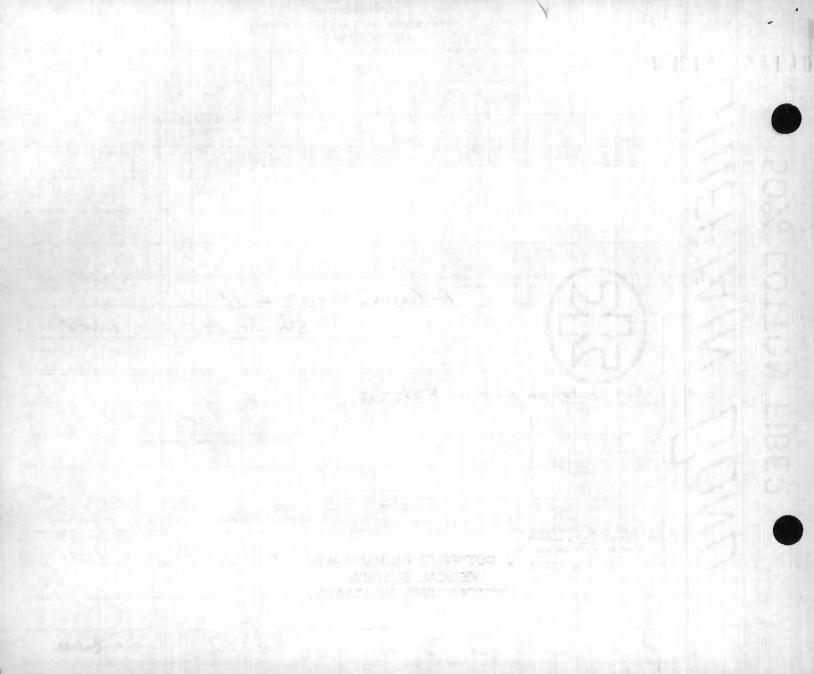


DHMH - 16 60M 7/84 (VRA 15, 4)

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-1	REGISTRAR		10.										
	ECGASED NAME FIRST PROPERTY FIRST			ohey	20	DATE OF DEATH			87	26 HOUR A 4:36 A			
	female	4.RACE White	5. DATE C MONTH 8/30		YEAR	AGE (IN YEARS LAST B	RTHDAY) YRS	IF UNDER	I YEAR DAYS	HOURS MIN.			
	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) North Carolina	USA	MARRIEI		CED	BALTIMORE CITY Kent	_	OF DEA	TH	MD.			
1	Chestertown	The Kent&C	TAL, NURSING HOME O LUCETHET ATTITUS !			120. USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING LIFE] INDUSTRY Cashier and housewife							
5	Maryland Qu	COUNTY 13E C	Chestertown YES NOWN R					RFD # 1 Box 669 21620					
C	14 FATHER'S NAME FISTCOTT OWN		LAST	15. MOTHER'S MA	ulia Wa	alters			LAST				
2	60 WAS DECEASED EVER IN U. (YES NO OR UNKNOWN) (IF Y	SE CHIE WAR OR DARREL	7 01 8913	Leonard 1		RFD RFD	ertowr	Bok 6	21	620			
STATE OF THE SECOND	PART I. DEATH WAS C.	DUE TO, OR AS A		Carai		o of		ase /	TWEEN OF	NATE INTERVAL NSET AND DEATH			
100	PART 2 OTHER SIGNIFICA	mast with	DNS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINATE LITTLE STORES TO SCONDITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY?	206 IF YE	S, WERE	FINDING	GS USED DF DEATH?			
1	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE LIF ETHER NOTIFY MEDICAL EXA 21d INJURY OCCURRED NOT WHILE AT WORK	OF DEATH AMINER) P.M. 216 PLACE OF INJ (AT HOME STREET FAC	MONTH DAY YEAR	216 HOW INJURY 211 LOCATION STREET		(ENTER NATURE OF IN)	URY IN ITEM 18 1			STATE			
1	27a. I certify that (I) (this saw the deceased all abave, (I) (we) (did)	226.1 certify that (I) (this hospital) attended the deceased from 19 22, to 19 22, to 19 27, that (I) (we) last saw the deceased alive an 19 27, and that in (my) (aur) apinion death accurred on the date and haur and from the causes stated above, (I) (we) (did) (did not) view the body after death.											
	230 BURIAL, CREMATION, REMO Urial	23b. DATE 1/13/1987		emetery or crew on Cemete s Wells		ZENEZETON XENEXXEXE CA BY REGISTRA	REGIST	LRAR'S ST	GNATH	IRE			
	y will	is Welk	Chesterto		39147	1881	1 6	asider	~ Kee	dall.			



		1.	FOR	D	STA EPARTMENT OF		ARYLAND AND MEN		NE ()	5 9	6 2	
		1-	STATE REGISTRAR		ICAL EXAMIN		ERTIFICA	ATE OF DE	ATL	G. NO.		
			CEASED NAME FIRST		WIDDLE		LÄST		20. DATE KNOW		DAY YEAR	Zi HOU
40	ALLVECO	TTYF	E OR PRINT)	13.63	0-				OF ESTI-		17.198	
4 3	SE SELD N	15 1	Joseph J4 RACE	Alfred 5 DATE OF BIRTH	I6 AGE (IN Y	oper EARS I IF UN	DER 1 YR. TIF	UNDER 24 HRS	2c DATE	Feb.	DAY YEA	7 5:01
	C N L X P	100		SEPT. 2,	PIZO 66	MONTH		HOURS MIN	PRONOUNCED	m 1 4		2 4 . 5
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	形式を言葉して	FC	REIGN COUNTRY)		AI COUNTRY?	* MARRI	-	R MARRIED		<u>OK</u> COON	IT OF DEATH	
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1	Z E Z E Z	1	IT OK TOWN OF DEATH		ITAL, NURSING HOM ILITY, GIVE STREET ADDRESS)	E, OR OTH	EK INSTITUTIO		WAL OCCUPATION		OR INDUS	STRY
4	BDans -	ICh	estertown	At H	ome				Labor		Mari	ous
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1	るる用る性	Ma	ryland Kent		Chester	town	YES	NO [] 3	17 Cann	on Str	reet	
7 8	TOUR SELL A	14. F/	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S	S MAIDEN NAM	E MIDDLE		LAST	
1	SE SE	J	oseph		Cooper		Anna		mode		1701	
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AL.	A STATE A	Ye		AL ON DATES!	220-16-7	581A	Mrs.	Hazel	Cooper	Chest	certow	n.Md
-	WITH WITH PAG DIVISI		18 CAUSE OF DEATH (Enter only	ane cause per line f							APPROXIMA	ATE INTERVAL
52	PASSA.		PARTIDEATH WAS CAUSED	BY: Co:	ronary Hea	rt Di	sease				BETWEEN ON	SET AND DEATH
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os.	ひこっぱラミ		PART 2 OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BE	IT NOT RELATED TO THE TER	MINAL DISEASE	OF CONDITION C	IVEN IN PART 1				
DIVISION OF VITAL RECORDS, 201 W.	ENDING" IN IN WEDICAL EXA AS A BURIAL SALTH AND MICREMATION,	Z			. Not receive to the tex	MINAC DISCHIC	OK CONDITION O	ITEN IN TAKE I D				
REC	"PENDIN FE MEDIC FE AS A I HEALTH, AL, CREM	CERTIFICATION	190 DATE OF OPERATION	19b CONDITI	ON FOR WHICH OPE	RATION W.	AS PERFORME	ED?			20 AUTOPS	Y2
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Ō	CERTIFICATE TING THE W DED TO THE DEPARTMEN PRIOR TO E	-	UNDERLYING OR	HOUR A.M.	MONTH DAY YEA	R		CCORRED TETTER	THE OF HOOK IN II	LM 10 PART 1 OR PA	R1 2)	
S S	ERTIFING 1 D TO SHO EPAR PRIOI	MEDICAL	CONTRIBUTING CAUSE OF DI	P.M.	FINJURY (ATHOME	215 100	ATION					
2	ROEE ROEE SE 3	ME	WHILE NOT WHILE AT WORK		ORY, FARM, ETC.)		REET		CITY OR TOWN	со	UNTY	STATE
			AT WORK AT WORK									
	JER: THI CATE, WA FORWA OR: PAG HE STA'		220 I certify that I taak charge	of the remains desc	ribed abave, held an	Autops	y 🔲, li	nspection X,	Inquiry .	and in my a	pinian	
	WIN SEE SEE SEE SEE SEE SEE SEE SEE SEE SE		death resulted fram: Natura	causes X	Accident , S	vicide .	Hamicide	e Unde	termined manner	<u> </u>		
	EXA CERT JUD DIRE WAR		64	VI	~		TITLE (SPE	CIFY)				
	AHPAHAHAHAHAHAHAHAHAHAHAHAHAHAHAHAHAHAH		ACTUAL SIGNATURE	11 /	The same	M.	Deput	ty MEI	DICAL EXAMINER	DATE	ED 2-19-	87
	MEDIC CUTE T SE 4 SI FUNER ER DEA		EXAMINER'S NAME									-
	EXECUTOR PAGE TO PUP	-	(TYPE OR PRINT) Robe	ert W. B	Parr M.D.		ADDRESS C	hester	town. M	arylar	1d 216	20
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFFER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	23 a B	URIAL, CREMATION, REMOVAL 23	b. DATE	23c NAME OF CE				OCATION ORTOWN	COLL	NIY	STATE
07/84	BP			b.21.19	87 Emma	nuel	Ceme	teryR.	F.D.Che	sterto	own Ke	nt, Mo
25M	DHMH - 17	24 F	JNERAL DIRECTOR	ADDRESS						REGISTRAR'S		
	(VR A15 ME (5))	6	Semelh Wal		ertown.	Mary	land	FERD	0 13857	11. m	in was to	a daily
											The second second second	

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

FOR 3 STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 2a DATE OF DEATH MONTH 1 DECEASED NAME 26 HOUR TYPE OR PRINTS 3:40p N Arthur Culver 2 22 87 Earl 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS white MONTH Male Dec. 17, 1887 TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED IISA Easton, Md. Kent WIDOWEDXX DIVORCED [O CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR WORK FOR MOST OF WORKING LIFE) INDUSTRY The Kent & Queen Anne's Hospital Inc. Railroad Station Master Chestertown USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY Chestertown 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 21620 Maryland Kent. RFD 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Sarah Collison Elijah EXHXEX Culver 3087 East Dorchester Drive 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT LYES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) Palm Harbor, Fla. 717 07 9152 E. Culver Ivan APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) PART I. DEATH WAS CAUSED BY reuman il IMMEDIATE CAUSE (0). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES T NO [716. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 710 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE STREET (AT HOME STREET FACTORY OFFICE FARM ETC.) WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram_ sow the deceased alive on ______ obove, (I) (we) (did) (dub) of view the body after death and that in (my) (our) apinion death occurred on the date and have and from the causes stated 226 SIGNATURE DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 27d PHYSICIAN'S NAME LIVE OF PRINTS 22e ADDRESS Robert W. Farr Chestertown, Md. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE 2/26/86 Chestertown, Md. Chester Cemetery Burial 24 PUNERAL DIRECTOR J. Willis Wells Chestertown, Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2b. HOUR KNOWN (TYPE OR PRINT) F ANY DELAY IS NECESSARY, PIEASE AND 3 TO THE FUNERAL DIRECTOR RETAIN PAGE 5 FOR YOUR FILES. HOULD BEFLIED, WITHIN 72 HOURS RECORDS, 201 W. PRESTON STREET, MATTIE R. DAVIS 1987 DEATH MATED Feb 10 1:00 3. SEX 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED , 87 female Sept. 20 1901 85 white DEAD 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR **9 BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED FOREIGN COUNTRY! Kent Co. USA Md. WIDOWEDXX Kent DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS D. CITY OR TOWN OF DEATH OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 504 Cannon St. Laborer At Home Various Chestertown SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120 21620 Kent Maryland Chestertown YES KK 504 Cannon St. NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME OURS AFTER DEATH.

18. GIVE PAGES 1,

5. WITH FORM TWA.

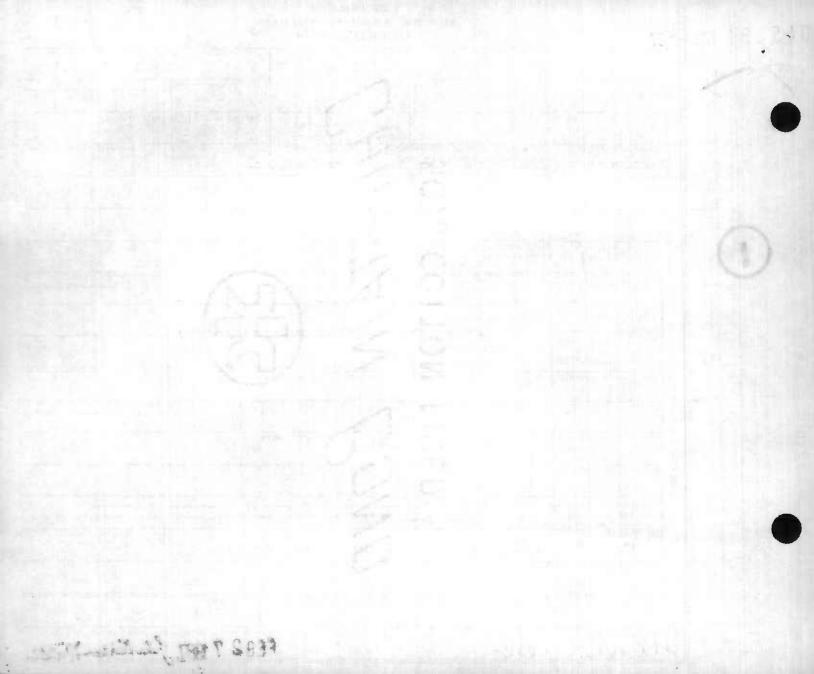
MIT. PAGES 1 AND 2.

E, DIVISION OF VITA. MIDDLE William R. Goodman FOGWELL Sadie R. &XEWEXX ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) Deceased while living 213 14 1975 no L TRANSIT PERMIT. R WENTAL HYGIENE, DI' OR REMOVAL. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 H ALTH CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES 🗍 TO MEDICAL EXAMINER: THIS CERTIFICATE SHE EXECUTE THE CERTIFICATE, WRITING THE WORL PAGE 4 SHOULD BE FORWARDED TO THE THE FUNERAL DIRECTOR, PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIÓR TO BE NO K 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 210 PLACE OF INJURY (AT HOME, 21 LOCATION STREET, FACTORY, FARM, FTC.1 STREET CITY OR LOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an X Inspection Naturalicauses death resulted fram Undetermined monner TITLE (SPECIFY) ACTUAL DATE SIGNED 2-10-87 MEDICAL EXAMINER SIGNATURE Robert W. Farr EXAMINER'S NAME Chestertown, Md. 21620 Kent County TYPE OR PRINT ADDRESS 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 236 DATE Chestertown, Md. Burial 2-12-87 Chester Cemetery BP H FUNE AL DIRECTOR J. Willis Wells **DHMH - 17** Chestertown, Md. (VR A15 ME (5))

20M 4/82

Andrews and 18781 27

STATE OF MARYLAND



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY

CERTIFICATE OF DEATH

GIENE	1	REG. I	0	3	11.00	C	, 0	
20. C	ATE OF	DEATH	MONTH 2-	17 -		AR 37	26 HOUF 4:00	
6 AC	66 66	ARS LAST 8	irthday) YR	MON	NDER I	YEAR DAYS	HOURS	MIN.
9 BA	ALTIMO	RE CITY Ke	or cou	NTY OF	DEA	ГН		MD.
(TYP	OF WOR	OCCUPA	TION OF WORKIN		INDU:	STRY	BUSINES	
	PEETQ	ADDRESS	Co.	ode Rte	#	21	620	
Ве	erry					LAST		
she	r M	ench	REKFD Ch		rt	own	216: , Md	
lina	,				BET	PPROXI WEEN C	MATE INTERI	ZAL DEATH
MINAL	DISEAS	E OR CO	NOITION	GIVEN	IN PA	RT 11c		

1 STATE DECEASED NAME FIRST MIDDLE (TYPE OR PRINT) Fisher NMN George 4 RACE 5 DATE OF BIRTH 3 SEX DAY white Male Aug 28, 1920 TO BIRTHPLACE ISLATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED ANEVERMARRIED USA Boston, Mass. WIDOWED XX DIVORCED [CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION The Kent&Queen Anne's Hospital In Chestertown WE RESIDENCE BEFORE ADMISSION Chestertown 30 STAT 13d INSIDE CITY LIMITS? Queen Anne Maryland I FATHER'S NAME IS MOTHER'S MAIDEN N LAST Frank Fisher Mary Ella 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 579 24 4190 Frances Fi 8 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER P.M. 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY OFFICE, FARM ETC 1 NOT WHILE AT WORK 22a I certify that (1) (this hospital) ottended the deceased from, saw the deceased alive an_ and that in (my) (aur) apinian death accurred on the date and hour and from the couses stated above, (1) (we) (did) (did nat) view the bady after death 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL 2/17/87 PHYSICIAN DIRECTOR PHYSICIAN 27d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Michael Bienefeld Md. 21620 Chestertown, 230 BURIAL CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE CITY OR TOWN STATE 2/19/87 Burial Denton Cemetery Denton, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

DREC

J. Willis Wells Chestertown, Md. 250. DATE REC'D. BY REGISTRAR



DHMH - 16 60M 7/84 (VRA 15, 4)

FOR

REGISTRAR

Susabelle.

4 RACE

Clare

DECEASED NAME

- STATE

(TYPE OR PRINT)

3 SEX

STATE OF MARYLAND

George

5. DATE OF BIRTH

MONTH

IN THE PLANE

27-87 2h HOUR

12:23^A

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

YEAR

REG NO. 20 DATE OF DEATH MONTH

6 AGE LIN YEARS LAST BIRTHDAY

1911 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY Kent DIVORCED [WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR The Kent Queen Anne's Hospital Inc LTYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Chestertown USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 13a STATE 1136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 14 FATHER'S NAME (IF YES GIVE WAR OR DATES) Same 18 CAUSE OF DEATH (Enter only one cause per line for I a , (b), and PART I. DEATH WAS CAUSED BY sud IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPS 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOIL YES [NO [210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN STATE (AT HOME STREET FACTORY, OFFICE FARM, ETC.) NOT WHILE 220 | certify that (1) (this hospital) attended the deceased fram saw the deceased alive an 12-13 and that in (my) (ex) opinion death occurred on the date and have and from the causes stated abave, (1) (was that (did not) view the body after death 22b. SIGNATURE DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23a BURIAL CREMAT 236 NAME OF CEMETERY OR CREMATORY 24 FUNERAL DIRECTOR 250 DAJE REC D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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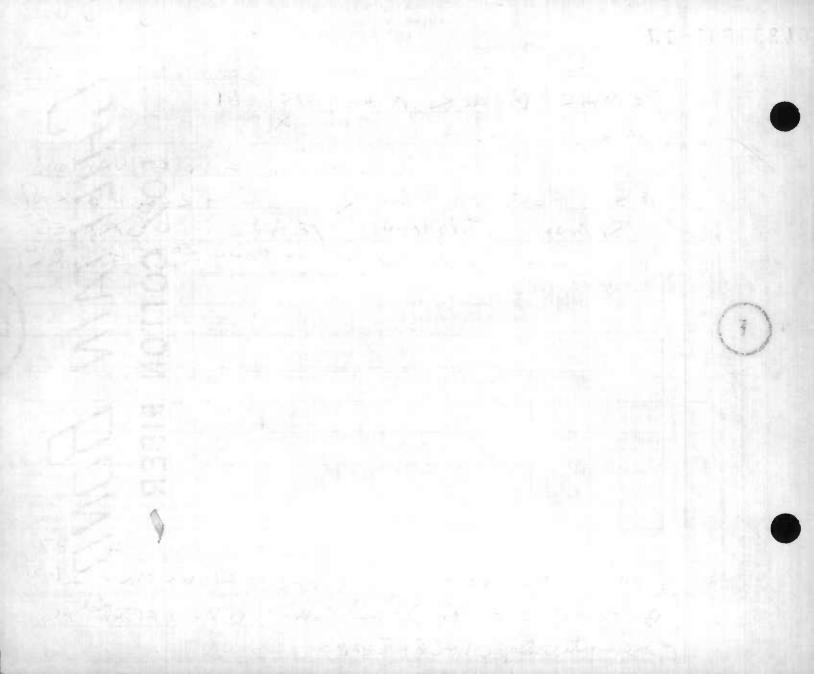
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the the

(VRA 15, 4)

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH O REGISTRAR REG. NO I DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH YEAR 2b HOUR TYPE OR PRINTI Helen Elizabeth Graves February 2, 1987 8:21a M 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER ! YEAR 3 SEX HOURS 70 BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH (STATE OF FOREIGN MARRIED NEVER MARRIED COUNTR WIDOWED DIVORCED Kent 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET Kent & Queen Anne's Hospital, Inc. DOR Chestertown MESIGHOWA 13e STREET ADDRESS / ZIP CODE 136 INSIDE CITY LIMITS? 14 FATHER'S NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT (IF YES GIVE WAR OR DATES) (YES, NO OR UNKNOWN) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which hronic gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [210, ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I ORPART? HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) STREET AT WORK NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from. sow the deceased alive on _______obove, (I) (we) (did) (did not view the body after death , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ENENFELD 16410WN MS 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84

STATE OF MARYLAND



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0	2	Éne	-

	REGISTRAR								REG	. NO.				
	CEASED NAME	FIRST		MIDDLE		LAST		2a. DAT	E OF DEATH		DAY	YEAR	26 HOUR P	
(TTPE	OR PRINT)	Charle	es V	Webster	Ha	daway				2-	25-	87	11:48	
3. SE:	Y		4 RACE		S. DATE O	DE BIRTH		A AGE	(IN YEARS LAS	T BIRTHDAY)	IF UN	DER I YEAR	IF UNDER 24 HRS	
J. JL.	Male		white	Δ	MONT	H DAY	YEAR				MONI		HOURS MIN.	
1			WILLE		reb.	19, 1916		71 _{YRS.}						
7a. 81	RTHPLACE (STATE)	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	DXX NEVER MA	20152	9 BALT	IMORE CIT		NTY OF	DEATH		
Che	estertown	, Md.	US	SA	WIDOWI		RCED	Kent						
100	ITY OR TOWN OF D		11 NAME OF	HOSPITAL, NURSIN				12n 1151	JAL OCCUP	ATION	11	AP KIND C	MD. OF BUSINESS OR	
	nestertow	n	The NE AN	ta queen	APPRESS)	e Hoenit	al Inc	TYPE OF	WORK FOR MO	ST OF WORKI		d Pl		
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Mar	yland	13b COUN	nt	Chestert	own	2070	10 🗍	TI	Pine	St.	OUE	2	1620	
14. FA	THER'S NAME	-				15 MOTHER'S M				-				
1	FIRST		MIDDLE	LAST		FIR	ST		MIDDLE	£		LAS	T	
			Hadaway				Sewe]	11						
	VAS DECEASED EV			166. SOCIAL SECU	IRITY NO.	17 INFORMANT			118 AD	ine S	St.			
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1/3	190 DATE OF OPER	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORM	AED	20a A	AUTOPSY?	20b. II	YES, WE	RE FINDIN	NGS USED OF DEATH?	
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	OR CONTRIBUTING	CAUSE OF DEA	HOUR A.	M. MONTH DA	AY YEAR	1 1 2 1 1 1 1								
MEDICAL	(IF EITHER NOTIFY M			.M.	19									
ED	21d INJURY OCCU			OF INJURY REET, FACTORY, OFFICE, F	ARM FIC)	211 LOCATION			CITY O	RIOWN		COUNTY	STATE	
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	220 I certify that	(1) (this hospi	tal) attended th	ne deceased from_		1-19	19 87	to	Addition	2-2	5 19	87	that (I) (we) lost	
	sow the dece	ased alive on	2-	25 19	87 .	nd that in (my) (a	ur) opinion d	death ac	urred on the	e date and	hou one			
	obove, (I) (we	(did) (did no	t) view the body	ofter death.						c doile ond				
	226 SIGNATURE	1 1				DEGREE	ENDING	MEDIC	CAL C	TACC		22c. DATE	SIGNED	
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	Dohamt W	Ti-	MD			Monto		M-	and and	3 0	1620			
	Robert W				1.1.6	Cheste			ryland	1 6	1020			
230 8	BURIAL, CREMATIO	N, REMOVAL	236 DATE	23c. f	NAME OF C	EMETERY OR CRE	MATORY	23d L	OCATION					

DHMH - 16 60M 7/84

BP.

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health

IMPORTANT: If them 21 is marked or them 18 shews

(VRA 15, 4)

BUrial

2/28/87

J. Willis Wells Chestertown, Md.

Chester Cemetery

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Chestertown, Md.

STATE

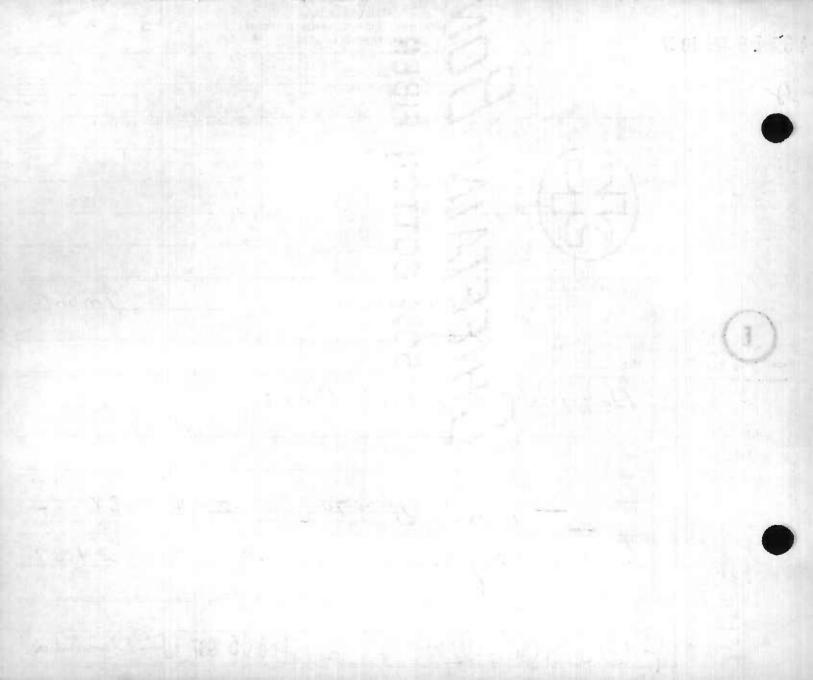
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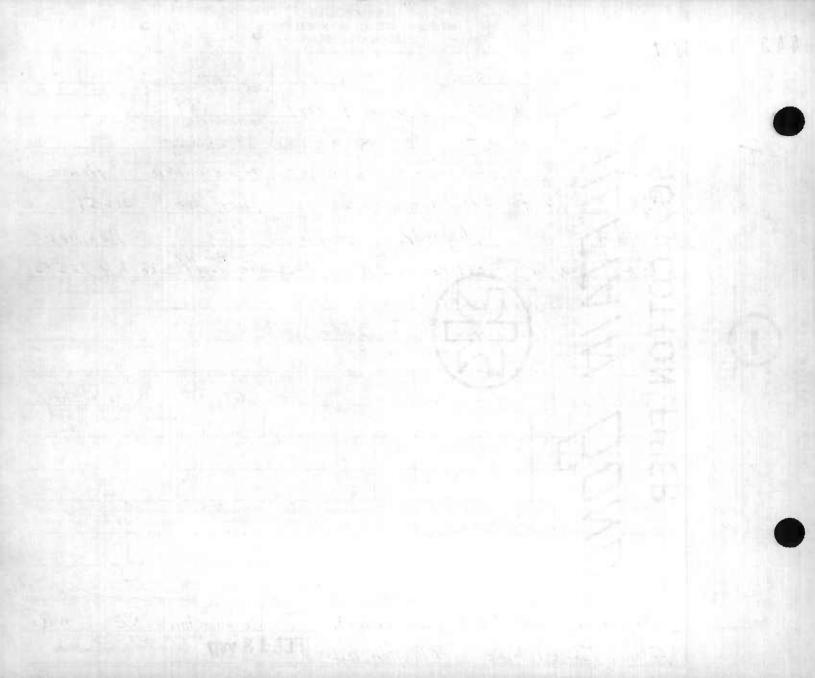
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3 4 7.8 FEB ID	87-	FOR STATE REGISTRAR		DEPA	RTMENT OF H	OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	HYGIENE / O E	21	U			
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a 2 4	TYPE	Alberta	М		Hallow	rell	Feb. 4, 1987		9 A. M			
A 10 80 10	3 SEX	emale	4 RACE white		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY) 101 Yrs YRS	MONTHS DATE	HOURS MIN			
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ND 2120		RESIDENCE (IF NURSING HOME OF TATE 136 COU	ROTHER INSTITUTION NTY Ent	130 CITY OR T		13d INSIDE CITY LIMITS	13e.STREET ADDRESS / ZIP CO	DDE 216	20			
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TO HOSPITAL etonined by the TO FUNERAL should be dero with the Store		Wayne D. B	enjamin/			Chesterto	own, Md. 21620					
BP		BURIAL, CREMATION, REMOVA SP BÜTIA	2/6/1	1987	Arlingt	on Cemetery	Drexel Hill		STATE			
DHMH - 16 60M 7/84 (VRA 15, 4)	24	UNERAL DIRECTOR NAME) UNION	W		Willis V		EB 0 5 1987 25 July	SISTRAP'S SIGNA				



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1 11 (1)	01	hestertown	Vont and Ours	en Anne's Hospital	Homemaker	Home
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OR A DIRECT DIRECT DIRECT DIRECT DEPT		226 SIGNATURE	0	DEGREE	,	22c DATE SIGNED
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HOSPITAL FUNERAL VIII be deter The Store FORTANT.		224 PHYSICIAN'S NAME (TYPE	WUN - My	22e ADDRESS	1/11/11/4	- 121
TO HOSPITA etained by TO FUNERA should be de with the Stat		KIN IC.			igh St, Chester	com neg. 216
	23 a.	BURIAL, CREMATION, REMOVAL	1 236 DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
BP	24.5	Clemation	2-1-81 5	Neebrook 185- DA	Wilmington	N.C. ma.
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR	ADDRY	11- 1 md	TE REC'D BY REGISTRAN Mb. BEGIS	LEIDEN - KANDALL
(VRA 15, 4)	1	Fellows Funero	al Frome 17,1	lington, Md.	- NO1 d	



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0 5	2 1	2	
REG. NO			
oruary 20 1	987	26 HOUR	Δ
	JNDER ! YEAR	IF UNDER 2	M
9 YRS	UAYS	HOURS	MIN.
ORE CITY OR COUNTY OF	DEATH		
t			MD.
L OCCUPATION ORK FOR MOST OF WORKING LIFE)	17b. KIND O	F BUSINES	SOR
Abok	UAC	5:00	28
ADDRESS / ZIP CODE	3	216	20
WIDDIE	3 R LAST	oK	2
· ADDRESS ON	R.	60	141
TOWN M	0 - 2	1(2.	3')
lant	BETWEEN	MATE INTERV	EATH
100 00 0			
ASE OR CONDITION GIVEN	IN PART 1		=
- Disease	III A F AKT I C		
TOPSY? 20b. IF YES, V IN CERTIFYIN			1?
NATURE OF INJURY IN ITEM 18 PART	I OR PART 2)		

- STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE TYPE OR PRINTI Johnson Feb Lorrien Doris 6 AGE (II 4 RACE 5 DATE OF BIRTH 3 SEX CITIZEN OF WHAT COUNTRY 9 BALTIM TO BIRTHPLACE . I STATE OF FOREIGN MARRIED NEVER MARRIED WIDOWED DIVORCED Ker 1). NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH 12n USUA (TYPE OF W Kent and Queen anne's Hospital Chestertown USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 13d INSIDE CITY LIMITS? LESIEP 16 NO 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT HE YES GIVE WAR OR DATEST (YES NO OR UNKNOWN) NO 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o Cherosclerosas Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE. CERTIFICATION 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AU YES 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER 710 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET FACTORY OFFICE, FARM ETC.) NOT WHILE 220 I certify that (I) (this haspital attended the deceased from and that in my (aur) opinion death accurred on the date and have and from the causes stated above (Diwe) (did) (did nat) view the bady after death 226. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 72e ADDRESS igh St. Chestertown and 21620 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATOR

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

MPORTANI

24 FUNERAL DIRECTOR

FOR

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

236 DATE

22d PHYSICIAN'S NAME

230 BURIAL CREMATION, REMOVAL

22e ADDRESS

ATTENDING

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

STATE OF MARYLAND

231 NAME OF CEMETERY OR CREMA TORY & COL LOCATION

2b. HOUR

10:45

12b KIND OF BUSINESS OR

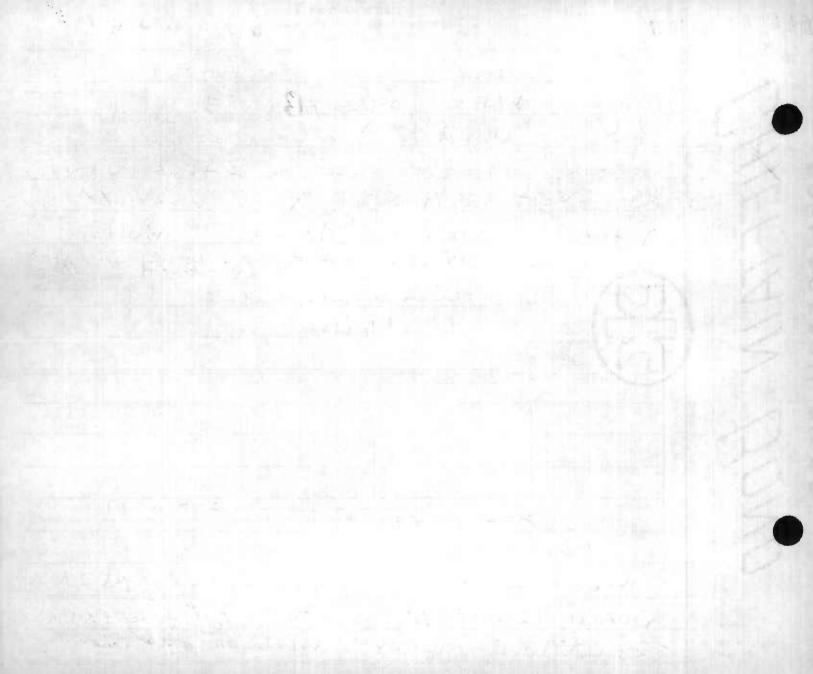
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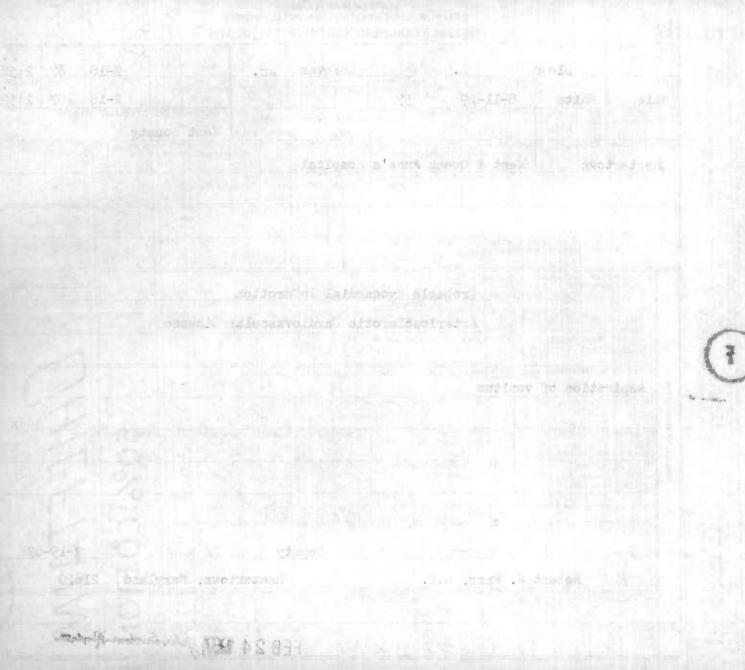
22c DATE SIGNED

IF UNDER I YEAR

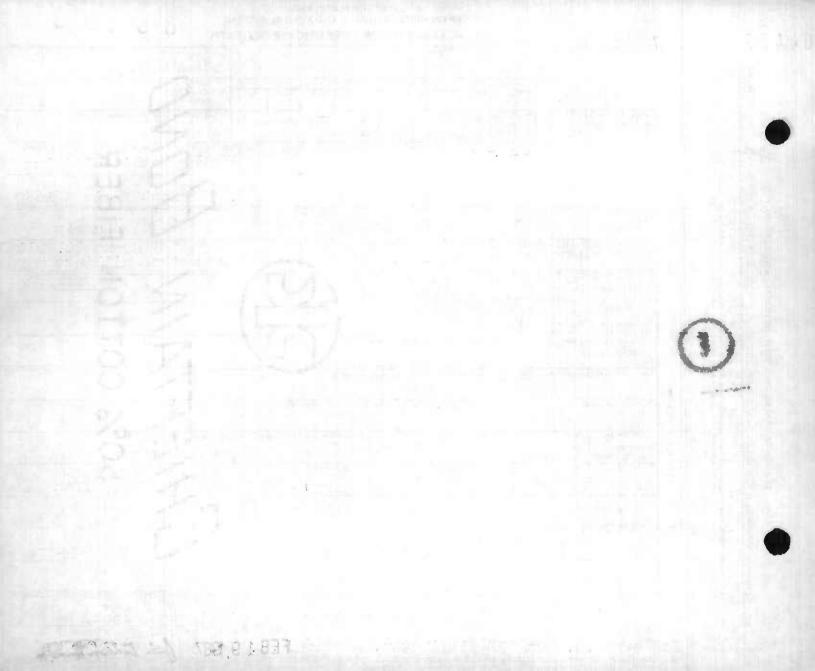


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH U REGISTRAR 1. DECEASED NAME 20 DATE KNOWN TO MONTH (TYPE OR PRINT) ESTI-DEATH MATED Llovd LeFever 19 87 4 RACE A AGE LIN YEARS IF LINDER 1 YR IF UNDER 24 HRS LAST BIRTHDAY) MONTHS YEAR PRONOUNCED 1087 8-11-29 DEAD Male White BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) PA USA WIDOWED [DIVORCED [Kent County CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Kent & Queen Anne's Hospital Chestertown Furniture Dealer Furniture. AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY 13d. INSIDE CITY LIMITS? . 13e. STREET ADDRESS 13c CITY OR TOWN NO X R.D. #1. Pequea, PA Lancaster Pequea FATHER'S NAME 15 MOTHER'S MAIDEN NAME Hensel Mildred Lloyd E. Lefever, Sr. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT ADDRESS 166 SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) 211-22-3240 Christiana, R.D, #1. PA. 17509 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Probable Myocardial Infarction DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which Arteriosclerotic Cardiovascular Disease gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) Aspiration of vomitus 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO 3 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 11. LOCATION STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN STATE COUNTY WHILE NOT WHILE AT WORK Inspection X 220. I certify that I took charge of the remains described above, held an Autapsy and in my apinion Natural causes X Hamicide Undetermined manner TITLE (SPECIFY) 2-19-87 Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Robert W. Farr, M.D. Chestertown, Maryland 21620 230 BURIAL, CREMATION, REMOVAL 236. DATE E. Brumore Twp. Lancaster PA. Quarryville Cemetery 14 FUNERAL DIRECTOR Fred Reynolds.

Reynolds Funeral Home, Quarryville, PA. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH 17 delia Davido VR A15 ME (5) 15M 7/77



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH **AREGISTRAR** P. DECEASED NAME 20. DATE KNOWN K MONTH (TYPE OR PRINT) OF ESTI-DEATH MATED LYNN LITTON JUDY 4. RACE DATE OF BIRTH & AGE (IN YEARS | IF UNDER TYR. IF UNDER 24 HRS 2d HOUR 2c. DATE LAST BIRTHDAY) PRONOUNCED Female Cauc. 2-9-87 10 PM M DEAD To BIRTHPLACE (STATE OR TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) DE] USA WIDOWED [□ Kent County DIVORCED NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Chestertown Clothing lanager Retail Oueen Anne's Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d. INSIDE CITY LIMITS? 13a, STATE 13c CITY OR TOWN 13e STREET ADDRESS Maryalnd South Main YES [] NO [IS MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE Everett Helen Burris James 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. I F YES. GIVE WAR OR DATES! 212-56-2107 Helen Wallace mother 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 is 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 🗌 216 TIME OF INJURY 210 EXTERNAL CAUSE WAS 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Occupant of an auto/auto impact 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM FTC 1 WHILE AT WORK hawy. 291W. of intersection Kent Co., Md. 220. I certify that I took charge of the remains described above, held an Autopsy Inspection Accident X death resulted fram: Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) M.D. Assistant MEDICAL EXAMINER DATE SIGNED 2-10-87 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn Street (TYPE OR PRINT) EXEC PAG PAG AFI 23a BURIAL, CREMATION, REMOVAL 236. DATE 13c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE fillington, Asbury Cemetery Kent. 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE DHMH - 17 Tows F.H. Box 2700 illington, MD 2165 FEB 19 (VR A15 ME (5))



STATE OF MARYLAND

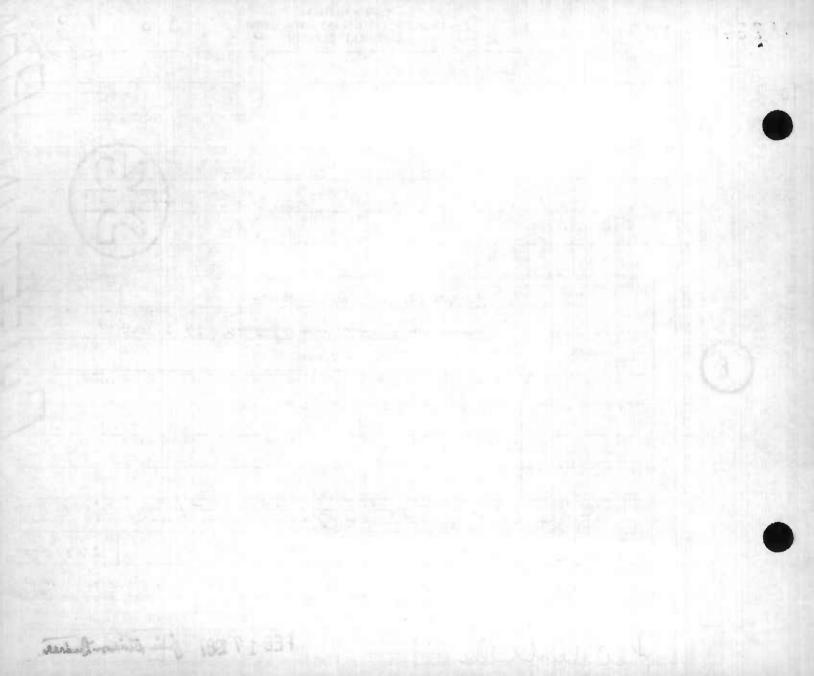
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REGISTRAR						REG.	NO.		1		
		CEASED NAME	FIRST	N	IDDLE		AST	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR	A	
	TYPE	OR PRINT)	J.	DONALD	MART	ONE		February	12, 19	87	2:30	M	
	3 SEX	(4 RACE		5 DATE C		6 AGE IN YEARS LAST		IF UNDER I YEAR			
i		male		white		Oct.		69	YRS		HOURS	MIN.	
-	7a BII	RTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	MARRIE	D KNEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH			
)		Penna		USA		WIDOW		Kent				MD.	
1		TY OR TOWN OF DEA	ATH		OSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUP		126 KIND C	OF BUSINES	SSOR	
1		AL RESIDENCE (IF NURS		At Home			ane (RFD)	Mktg. Mgr. Sales DuPont Co.					
	13a. S	arvland	13b COUR	11Y	13. CITY OR TOWN	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRES Box 27 Wa		Lane	21620 RFD)	
ナ		Thomas	A. Ma	rtone	(Sr.)AST		15. MOTHER'S MAIDEN NAM Vinetta l		MIDDLE LAST				
		VAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES?	160 SOCIAL SECU		Evelyn Marte	RFD AB one Waterv	ox # 27		terto		
	CERTIFICATION	Conditions, if ony, gave rise to immacause to stating underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA	nediote ng the last.	DUE TO, OR	AS A CONSEQUE	NCE OF	PATELL NOW A LUNC NOT RELATED TO THE TERM N WAS PERFORMED	PIZIM MTZY INAL DISEASE OR CO	DNDITION GIVI	EN IN PART 1:	NGS USED		
	RTIFIC							YES NO	YES	No-ed	NO [1?	
h	MEDICAL CER	? I a ACCIDENT WAS UNIT OR CONTRIBUTING [] (I IF EITHER NOTIFY MEDI 21d INJURY OCCUR	CAUSE OF DE	P.A.	A. MONTH DA A. DE INJURY	19	216 HOW INJURY OCCURR			16-13			
	ME	WHILE NOT WE	RK	(AT HOME STRI	EET, FACTORY, OFFICE, F.	ARM, ETC.)	STREET	CITY OF	TOWN	COUNTY	STA	ATE	
			ed alive or	tol) oftended the	19.8	37.0	nd that in (our) apinion of	todeath accurred an the	date and have	ond from the		re) last ted	
		226. SIGNATURE		ulil	-			MEDICAL S DIRECTOR PHY	TAFF SICIAN [22c. DATE	SIGNED	7	
1		VIRGIN	IA	21 00	LLIER		PO BOX	599	CHEST	ERTON	m, m	2163	
	23a B	BURIAL, CREMATION,	REMOVAL	236 DATE 2/16/1			1's Cemetery	near or to	esterto	why Md		ATE	

DHMH - 16 60M 7/B4 (VRA 15, 4)

Joress Willis Wells Chestertown, Md.

TEB 1 7 1987 Julia Dender Resistration



(VRA 15, 4)

DHMH - 16 60M 7/B4

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS

2b. HOUR

7 P.

NO [

STATE

IF UNDER 24 HR

